



## **Family Drug Treatment Court**



### **FAMILY DRUG TREATMENT COURT TRIP REQUEST FORM**

<b>Client Name:</b>	
<b>Client Phone #:</b>	
<b>Location of trip:</b>	
<b>Address where residing on trip:</b>	
<b>Contact phone #'s during trip:</b>	
<b>Date Leaving:</b>	
<b>Time Leaving:</b>	
<b>Date Returning:</b>	
<b>Time Returning:</b>	
<b>Mode of Transportation: (attach verification if travel is by train, plane or bus)</b>	
<b>Meetings to be attended:</b>	
<b>Reason for trip request:</b>	
<b>Date Submitted:</b>	

**FDTC Team Approved:                      Yes        /        No        (Please Circle)**

**PLEASE RETURN THIS FORM DIRECTLY TO**  
**THE FDTC DRUG COURT COORDINATOR (Edmund Smith) @**  
**The Snohomish County Court House, Room C115, 1st Floor**  
**(place under door if office is closed)**  
**Or Fax to (425) 388-3597**